



July 1, 2005

STATE OF TENNESSEE
DIVISION OF UNDERGROUND STORAGE TANKS
APPLICATION TO TREAT PETROLEUM CONTAMINATED SOIL BY AERATION

The Responsible Party (RP) for the underground storage tank (UST) system shall submit the **original** Application to Treat Petroleum Contaminated Soil by Aeration (application) to the appropriate Division of Underground Storage Tanks (division) Environmental Field Office. Tennessee Code Annotated (T.C.A.) §68-215-103(16) defines Responsible Party (RP) as the owner and/or operator of a petroleum site or any person who at the time of the release which caused the contamination was an owner and/or operator of a petroleum underground storage tank. Approval must be obtained prior to commencing treatment. **The division reserves the right to rescind the application approval at any time during the treatment process.**

REQUIREMENTS:

1. The application shall be submitted to the division within 45 days of the date of the laboratory analysis for the excavated soil. Treatment shall then be implemented within 30 days of the application approval date. Sampling of the excavated soil stockpile shall be in accordance with the current Technical Guidance Document-005.
2. Contaminated soil shall be treated on the site of generation, or another site owned by the RP, or on a site owned by a subsidiary of the RP. A copy of the approved application shall be kept by the RP. The RP shall contact the Division of Solid and Hazardous Waste Management to obtain a Solid Waste Processing Facility Permit for any soil treated on a site owned by a Third Party.
3. If contaminated soil is transported from the site of generation for treatment, then a copy of the deed for the treatment site shall be attached.
4. The division will not approve the treatment of petroleum contaminated soil within a 100-year flood plain or wetland.
5. The division will not approve the treatment of petroleum contaminated soil within 100 feet of any residence, business, or other place of human occupancy.
6. If the treatment site is located within a zoned area, then the local Zoning Board shall be contacted to determine whether soil treatment is acceptable under the zoning requirements.
7. The surrounding area shall be protected from additional contamination by placing the contaminated excavated material on an impermeable barrier and properly bermed (Note: Asphalt and concrete are not considered impermeable barriers.). The material shall also be covered with plastic prior to any precipitation events to prevent surface runoff and reduce the possibility of contaminating the surrounding area.
8. The soil pile thickness shall not exceed two feet.
9. The treatment process shall not damage the impermeable barrier.

10. The most cost effective and efficient method shall be used for soil treatment.
11. **A SITE MAP IS REQUIRED. THE APPLICATION WILL NOT BE PROCESSED WITHOUT A SITE MAP.** The site map shall include the location and size of the treatment area; the location of any nearby residence, business, or other dwelling; and the location of any nearby surface water bodies (e.g. streams, creeks, ponds, etc.).

APPROVAL OF THIS APPLICATION IS FOR SOIL TREATMENT BY AERATION ONLY. All fund eligible activities shall be reasonable and justifiable to receive reimbursement from the Petroleum Underground Storage Tank Fund.

COMPLETE THE FOLLOWING:

1. Facility ID Number: ____ - ____ - ____ - ____ - ____
2. Name of RP of the UST system: _____
Phone Number: (____) ____ - ____
3. Name of facility generating the contaminated soil: _____
Address: _____

4. Name of property owner of the treatment site: _____
Address of the treatment site: _____

5. If the treatment site is other than the site of generation, is a property deed attached?
Yes _____ N/A _____
6. Estimated quantity of contaminated soil to be treated: _____ cubic yards
7. Method of soil treatment: _____
If tilling, then indicate the frequency: _____
Describe the type of impermeable barrier: _____
Thickness of soil pile: _____ feet. (**The maximum allowable thickness is 2 feet**)
Describe type of soil pile berm: _____
9. Distance to the nearest residence, business, or other place of human occupancy: _____ feet
(**The application will not be approved if the distance is less than 100 feet**)
10. Distance to the nearest surface water body or wetland: _____ feet
11. Is the property located within a 100-year flood plain or wetland? Yes _____ No _____
(**The application will not be approved if the property is within a flood plain or wetland**)
12. Is the treatment site zoned? Yes _____ No _____
Type of zoning: _____

13. Zoning agency contacted: Yes _____ N/A _____

Person contacted: _____ Date: _____

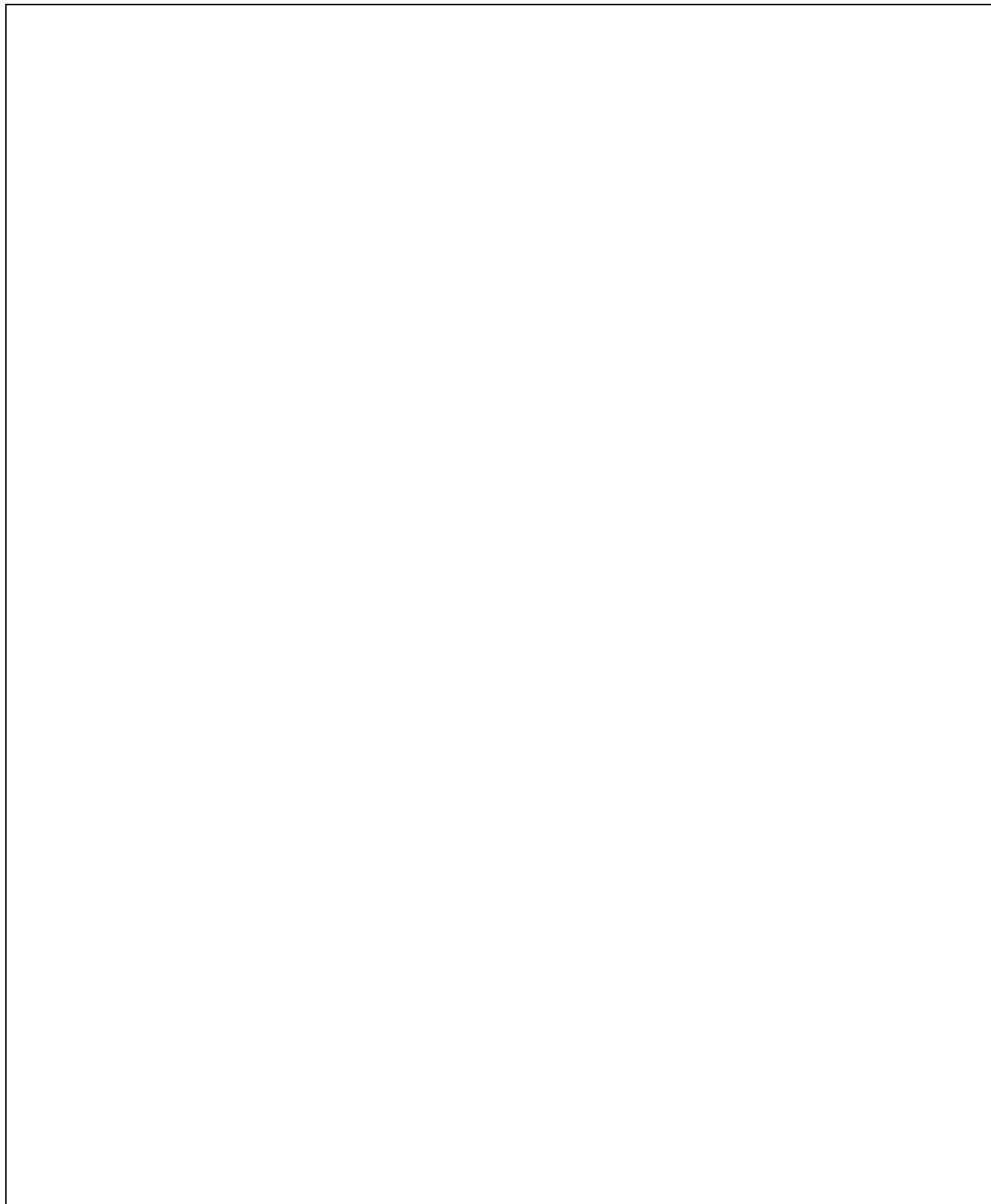
Office: _____

Does the zoning agency allow the treatment of petroleum contaminated soil on this property?

Yes _____ No _____ N/A _____

(If yes, then provide the applicable documentation)

14. Site map. (Refer to item 11 of the Requirements section for the site map requirements).



Signature Page

A signature page, as shown below, shall be attached to the *Application to Treat Petroleum Contaminated Soil by Aeration*. The page shall be signed by the RP (or authorized representative within the organization) and a registered professional geologist under the Tennessee Geologist Act (T.C.A. §62-36-101 et seq.), a registered professional engineer under the Tennessee Architects, Engineers, and Landscape Architects, and Interior Designers Law and Rule (T.C.A. §62-2-101 et seq.), or an Approved Corrective Action Contractor (Rule 1200-1-15-.09(15)).

We, the undersigned, certify under the penalty of law, including but not limited to penalties for perjury, that the information contained in this application and on any attachment, is true, accurate and complete to the best of our knowledge, information and belief. We are aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for intentional violations.

UST System RP or RP's authorized
representative (Print name)

Signature

Date

Title (Print)

P.E. or P.G. (Print name)

Signature

Date

TN Registration #

Note: Each of the above signatures shall be notarized separately with the following statement.

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me by _____ on this date _____. My commission
expires _____.

Notary Public (Print Name)

Signature

Date

Stamp/Seal